

<b>UTILITY PATENT APPLICATION TRANSMITTAL</b> <small>(Only for new nonprovisional applications under 37 CFR 1.53(b))</small>	Attorney Docket No.	240304US3
	First Inventor or Application Identifier	Osamu SATOH
	Title	IMAGE FORMING APPARATUS
Assignee Name:		
Assignee Address:		

21707 U.S. PTO  
10/617399  
07/11/03

<b>APPLICATION ELEMENTS</b> <i>See MPEP chapter 600 concerning utility patent application contents</i>	<b>ADDRESS TO:</b> Commissioner for Patents Mail Stop Patent Application Alexandria, Virginia 22313
<div>1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g. PTO/SB/17) (Submit an original and a duplicate for fee processing)</div> <div>2. <input checked="" type="checkbox"/> Specification Total Sheets <input type="text" value="99"/></div> <div>3. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) Total Sheets <input type="text" value="38"/></div> <div>4. <input type="checkbox"/> Oath or Declaration Total Pages <input type="text"/><div>a. <input type="checkbox"/> Newly executed (original or copy)</div><div>b. <input type="checkbox"/> Copy from a prior application (37 C.F.R. §1.63(d)) (for continuation/divisional with box 17 completed)<div>i. <input type="checkbox"/> DELETION OF INVENTOR(S) <small>Signed statement attached deleting inventor(s) named in the prior application, see 37 C.F.R. §1.63(d)(2) and 1.33(b).</small></div></div></div>	

5. ☐ CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)6. ☐ Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)

a. ☐ Computer Readable Form (CRF)

b. Specification or Sequence Listing on :

i. ☐ CD-ROM or CD-R (2 copies); or

ii. ☐ Paper

c. ☐ Statements verifying identity of above copies

 **ACCOMPANYING APPLICATION PARTS** 7. ☐ Assignment Papers (cover sheet & document(s))  8. ☒ Application Data Sheet. See 37 CFR 1.76  9. ☐ 37 C.F.R. §3.73(b) Statement (when there is an assignee) ☐ Power of Attorney  10. ☐ English Translation Document (if applicable)  11. ☒ Information Disclosure Statement (IDS)/PTO-1449 ☒ Copies of IDS Citations (13)  12. ☐ Preliminary Amendment  13. ☒ White Advance Serial No. Postcard  14. ☒ Certified Copy of Priority Document(s) (4) (if foreign priority is claimed)  15. ☐ Applicant claims small entity status. See 37 CFR 1.27  16. ☒ Other: Request for Priority |

17. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below:

<input type="checkbox"/> Continuation	<input type="checkbox"/> Divisional	<input type="checkbox"/> Continuation-in-part (CIP)	of prior application no.:
Prior application information:		Examiner:	Group Art Unit:

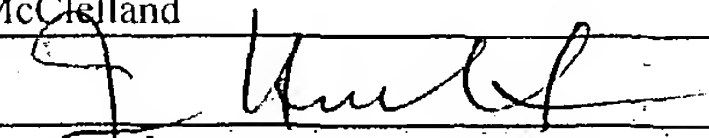
For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

18. Amend the specification by inserting before the first line the sentence:

<input type="checkbox"/> This application is a	<input type="checkbox"/> Continuation	<input type="checkbox"/> Division	<input type="checkbox"/> Continuation-in-part (CIP)
of application Serial No.		Filed on	
<input type="checkbox"/> This application claims priority of provisional application Serial No.		Filed	

19. CORRESPONDENCE ADDRESS

  
**22850**  
(703) 413-3000  
FACSIMILE: (703) 413-2220

Name:	C. Irvin McClelland	Registration No.:	21,124
Signature:		Date:	7-11-03
Name:	James D. Hamilton	Registration No.:	
Registration No. 28,421			

Docket No. 240304US3

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

INVENTOR(S) Osamu SATOH

SERIAL NO: New Application

FILING DATE: Herewith

FOR: IMAGE FORMING APPARATUS

**FEE TRANSMITTAL**

COMMISSIONER FOR PATENTS  
ALEXANDRIA, VIRGINIA 22313

FOR	NUMBER FILED	NUMBER EXTRA	RATE	CALCULATIONS
TOTAL CLAIMS	52 - 20 =	32	x \$18 =	\$576.00
INDEPENDENT CLAIMS	6 - 3 =	3	x \$84 =	\$252.00
<input type="checkbox"/> MULTIPLE DEPENDENT CLAIMS (If applicable)			+ \$280 =	\$0.00
<input checked="" type="checkbox"/> LATE FILING OF DECLARATION			+ \$130 =	\$130.00
BASIC FEE				\$750.00
TOTAL OF ABOVE CALCULATIONS				\$1,708.00
<input type="checkbox"/> REDUCTION BY 50% FOR FILING BY SMALL ENTITY				\$0.00
<input type="checkbox"/> FILING IN NON-ENGLISH LANGUAGE			+ \$130 =	\$0.00
<input type="checkbox"/> RECORDATION OF ASSIGNMENT			+ \$40 =	\$0.00
TOTAL				\$1,708.00

- ☐ Please charge Deposit Account No. 15-0030 in the amount of A duplicate copy of this sheet is enclosed.
- ☒ A check in the amount of **\$1,708.00** to cover the filing fee is enclosed.
- ☒ The Director is hereby authorized to charge any additional fees which may be required for the papers being filed herewith and for which no check is enclosed herewith, or credit any overpayment to Deposit Account No. 15-0030. A duplicate copy of this sheet is enclosed.

Respectfully Submitted,

OBLON, SPIVAK, McCLELLAND,  
MAIER & NEUSTADT, P.C.

Date: 7-11-03

  
C. Irvin McClelland

Registration No. 21,124

James D. Hamilton  
Registration No. 28,421



**22850**

Tel. (703) 413-3000  
Fax. (703) 413-2220  
(OSMMN 05/03)